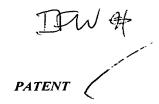
AUG 1 5 2005
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Sharon DUVDEVANI, et al

Serial No.:

10/706,489

Group No.:

2623

Filed:

Nov. 12, 2003

Examiner:

Mehrdad DASTOURI

For:

APPARATUS AND METHODS FOR THE INSPECTION OF OBJECTS

Mail Stop AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450 RESPONSE UNDER 37 C.F.R. 1.116 EXPEDITED PROCEDURE EXAMINING GROUP

NOTE: To take advantage of the expedited procedure the envelope in which this paper is mailed must be addressed as shown and must also be marked "Box AF" in the lower left hand corner. Alternatively, this paper can be hand carried to the particular Examining Group or other area of the Office in which the application is pending, in which case any envelope in which this paper is placed must be marked as in the bold type box above. Notice of Sept. 20, 1985 (1059 O.G. 19-20).

AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMITTAL

CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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	37 C.F.R. 1.8(a)	37 C.F.R. 1.10*				
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	transmitted by facsimile to the Patent and Tr	demark Office. to (571)/273-8800 Signature				
Date: August 11, 2005		Julian H. Cohen				
		(type or print name of person certifying)				
*WAR	thereon prior to mailing. 37 C.F.R "Since the filing of correspondenc oversight that can be avoided by th	Mail"must have the number of the "Express Mail" mailing label placed 1.10(b). e under § 1.10 without the Express Mail mailing label thereon is an exercise of reasonable care, requests for waiver of this requirement will of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.				

08/16/2005 EFLORES 00000143 10706489

01 FC:1251

120.00 OP

1.	Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this applic							
NOTE:	E: Response to Final Rejection—Avoiding Extension Fees "In patent applications wherein a three month Shortene Statutory Period (SSP) is set for response to a Final Rejection, the response would best be filed within two months the date of the Office Action, If filed within two months, any Advisory Action mailed after the SSP expires will reset to SSP to expire on the date of the Advisory Action for extension fee purposes, but never more than six months from the date of the Final Rejection." Notice of Nov. 30, 1990 (1122 O.G. 571 to 591).							
			STATUS					
2.	The application is qualified as							
		a small entity.						
	⊠	other than a small en	tity.					
			EXTENSION OF TERM					
NOTE:	As to a Supplemental Amendment filed in response to a final office action, the Notice of December 10, 1985 (1061 O.G. 34-35) states:							
		filing and/or entry of a No of the shortened statutor allowance. Of course, if a has ceased to run."	been filed after a Final Office Action, an exotice of Appeal or filing and/or entry of an acty period unless the timely-filed response plant Notice of Appeal has been filed within the s	dditional amendment after expiration aced the application in condition for				
3.		(co	mplete (a) or (b), as applicable)					
	(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked							
		Extension	Fee for other than	Fee for				
		(months)	small entity	small entity				
	⊠	one month	\$ 120.00	\$ 60.00				
		two months	\$ 450.00	\$ 225.00				
		three months	\$ 1,020.00	\$ 510.00				
		four months	\$ 1,590.00	\$ 795.00				
		five months	\$ 2,160.00	\$ 1,080.00				
			Fee: \$ <u>120.0</u>	<u>00</u>				
If addi	tional e	xtension of time is requ	uired, please consider this a petition t	therefor.				
		(check an	d complete the next item, if applicab	ole)				
	An extension for months has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.							
		Extension fe	ee due with this request \$					
			OR					
	(b)	tional petition	elieves that no extension of term is a on is being made to provide for the y overlooked the need for a petition	possibility that applicant has				

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	٠.			(5.1.6)	(5.1.5)		(TD3.1		THER THAN	NΑ
		Col.1)		(Col. 2)	(Col. 3) S	MALL ENT	ITY SM	ALL I	ENTITY	
	Re	Claims mainir After nendme	ng	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee
Tota	1	*	Minus	**	=	x \$ 25=	\$		x \$50 =	\$
Inde	p.	*	Minus	***	=	x \$100=	\$		x \$200=	\$
□ F	irst Pres	entatio	n of Multi	ple Dependent	Claim	+ \$180 =	\$		+ \$360 =	\$
						Total Addit. Fee	\$	OR	Total Addit. Fee	\$
*** WAR	The "Hig	hest No amend	. Previously	Paid For" IN TH Paid For" (Total oumber of claims of	or Indep.) is t	he highest numb		the app	ropriate box in (Col. I
,,,,IK	7.17.10.	500	. J. C.I .I 3		(c) or (d),	as applicable	e)			
	(c)	⊠	No a	dditional fee is	s required.					
					OR					
	(d)		Tota	additional fee	required i	s \$	·			
				F	EE PAYN	MENT				
5.	⊠ □	Attached is a check in the sum of \$ 120.00								
٠	Charge Account No the sum of \$ A duplicate of this transmittal is attached.									

FEE DEFICIENCY OR OVERPAYMENT

NOTE: Where there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the case. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. If any additional extension and/or fee is required, charge Account No. 12-0425

AND/OR

If any additional fee for claims is required, charge Account No. 12-0425

AND/OR

Refund any overpayment to Account No. <u>12-0425</u>.

SIGNATURE OF PRACTITIONER

JULIAN H. COHEN

Type or print name of practitioner)

P.O. Address

c/o Ladas & Parry LLP 26 West 61st Street New York, N.Y. 10023

Reg. No.: 20,302

Tel. No.: (212) 708-1887

Customer No.:

00140

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